

## Application Data Sheet

### Application Information

**Application Type::** Regular  
**Subject Matter::** Utility  
**Suggested classification::**  
**Suggested Group Art Unit::**  
**CD-ROM or CD-R?::** None  
**Computer Readable Form (CRF)?::** No  
**Title::** ANTI-CD74 IMMUNOCONJUGATES AND METHODS  
**Attorney Docket Number::** 018733-1302  
**Request for Early Publication?::** No  
**Request for Non-Publication?::** No  
**Suggested Drawing Figure::** 9  
**Total Drawing Sheets::** 13  
**Small Entity?::** Yes  
**Petition included?::** No  
**Secrecy Order in Parent Appl.?::** No

### Applicant Information

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Gary L.  
**Family Name::** Griffiths  
**City of Residence::** Morristown

**State or Province of Residence::** New Jersey  
**Country of Residence::** US  
**Street of mailing address::** 36 Edgehill Avenue  
**City of mailing address::** Morristown  
**State or Province of mailing address::** NJ  
**Postal or Zip Code of mailing address::** 07960

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Hans J.  
**Family Name::** Hansen  
**City of Residence::** Picayune  
**State or Province of Residence::** Mississippi  
**Country of Residence::** US  
**Street of mailing address::** 6014 Angler Drive  
**City of mailing address::** Picayune  
**State or Province of mailing address::** MS  
**Postal or Zip Code of mailing address::** 39466

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** David M.  
**Family Name::** Goldenberg

**City of Residence::** Mendham  
**State or Province of Residence::** New Jersey  
**Country of Residence::** US  
**Street of mailing address::** 330 Pleasant Valley Road  
**City of mailing address::** Mendham  
**State or Province of mailing address::** NJ  
**Postal or Zip Code of mailing address::** 07945

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Finland  
**Status::** Full Capacity  
**Given Name::** Bo B.  
**Family Name::** Lundberg  
**City of Residence::** Abo  
**Country of Residence::**  
**Street of mailing address::** c/o Abo Akedemi University  
BioCity PO Box 66  
Abo  
FIN-20521  
**Country of mailing address::** Finland

### **Correspondence Information**

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailMilwaukee@Foley.com

### **Representative Information**

<b>Representative Customer Number::</b>	22428	
---	-------	--

### Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/478,830	06/17/2003
This Application	Continuation-in-part of	10/314,330	12/09/2002
10/314,330	Continuation of	09/965,796	10/01/2001
09/965,796	Continuation of	09/307,816	05/10/1999
This Application	Continuation-in-part of	10/350,096	01/24/2003
10/350,096	Continuation of	09/590,284	06/09/2000
This Application	Continuation-in-part of	10/377,122	03/03/2003
10/377,122	An application claiming the benefit under 35 USC 119(e)	60/360,259	03/01/2002

### Foreign Priority Information

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### Assignee Information

**Assignee name::**

Immunomedics, Inc.